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# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For the	e 2015 cale	ndar year, or tax year beginning January 1 , 2015, and ending	g Decer	nber 31	, 20 15						
В	Check r	f applicable	C Name of organization Appalachian Forest Heritage Area		D Employ	er identification number						
	Address	s change	Doing business as			20-0815517						
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telepho	ne number						
	Initial re	eturn	PO Box 1206			304-636-6182						
		um/terminated	erminated City or town, state or province, country, and ZIP or foreign postal code									
		ed return	Elkins, WV 26241		<b>G</b> Gross re	eceipts \$ 632,714						
			F Name and address of principal officer Robert Johnson	H(a) is this a o		subordinates? Yes No						
			62 E. Main St, Richwood, WV 26261			s included? Yes No						
$\overline{}$	Tax-exe	empt status	✓ 501(c)(3)	<b>→</b> `'		a list (see instructions)						
J	Website		w.appalachianforest.us	H(c) Group	exemption	number ▶						
K	Form of		✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formati			of legal domicile WV						
Р	art I	Summ	ary									
	1	Briefly de	escribe the organization's mission or most significant activities: Provide	coordinatii	ng suppoi	rt for organizations and						
9			within the Appalachian Forest Heriteage Area who regularly support forest									
Governance			tion, and community development within our organizational themes.									
ērī	2		is box ▶ ☐ if the organization discontinued its operations or disposed of	f more than	1 25% of	its net assets.						
ွှ်	3	Number (	of voting members of the governing body (Part VI, line 1a)		3	9						
8	4	Number (	of independent voting members of the governing body (Part VI, line 6)	EIVED.	4	9						
Activities &	5	Total nun	nber of individuals employed in calendar year 2015 (Part V, line 2a)		_ 5	69						
Ę	6	Total nun	nber of volunteers (estimate if necessary)		86	1,182						
Ą	7a	Total unr	elated business revenue from Part VIII, column (C), line	\$ <b>3</b> 2016 .	Ø7a							
	b	Net unrei	lated business taxable income from Form 990-T, line 34		(27ь	(						
			LOGDE	Proc	ar	Current Year						
0	8	Contribut	tions and grants (Part VIII, line 1h)	· v, 🔾 [	368,088	467,219						
Ĕ	9	Program	service revenue (Part VIII, line 2g)		109,979	161,984						
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	(						
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,703	3,511						
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		485,770	632,714						
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	C						
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	C						
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		444,643	568,156						
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0	C						
ĝ	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶									
ũ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		48,231	44,391						
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		492,874	612,547						
	19	Revenue	less expenses. Subtract line 18 from line 12		(7,104)	20,167						
sets or	3			leginning of Cu	irrent Year	End of Year						
sets	20	Total ass	ets (Part X, line 16)		87,013	98,056						
Net Ass Fund Ra	21	Total liab	ollities (Part X, line 26)		11,707	1,735						
ž	22		ts or fund balances. Subtract line 21 from line 20		75,306	96,321						
Ρ	art II	Signat	ture Block	<u></u>								
Ur	der pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and staten	nents, and to t	he best of r	my knowledge and belief, it is						
-tru	e, correc	ct, and compi	ete Declaration of preparer (other than officer) is based of all information of which preparer		eage							
٥.			Charles SNIVY TREASUR	- •	1//	40/16						
Sig	_	Sign	ature of officer	Da	te ′	,						
He	ere		Joseph J. Japatino TREASURY	<u> </u>								
_		17	e or print name and title			Torus						
Pa	iid	Print/Ty	pe preparer's name Preparer's signature Da	te	Check							
Pr	epare	er		- 1	self-em	oloyed						
	se On	ly Firm's n		Firm	n's EIN ▶							
14	Al "		ddress >	Pho	ne no							
Ma	ıy tne li	no aiscuss	s this return with the preparer shown above? (see instructions)			· · Yes No						

For Paperwork Reduction Act Notice, see the separate instructions.

Part	
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	The Appalachian Forest Heritage Area integrates central Appalachian forest history, culture, natural history, products,
	and forestry management into a heritage tourism initiative to promote rural community development.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code. ) (Expenses \$ 411,984 including grants of \$ 299,241) (Revenue \$ 423,225)
	AFHA AmeriCorps "Enhancing Assets to Benefit to Benefit Communities deployed 25 National Service members throughout the state
	of West Virginia to support organizations serving within the themes of Conservation, Historic Preservation, and Heritage based
	Community Development. Members provided over 32,000 hours of service to their sites. Conservation service specifically included
	activities such as watershed restoration, environemental education, non-native species management, field data collection, tree planting, trail building and maintenance, environmental recreation support, archaelogical support, among others. Historic
	Preservation teams supported organizations by providing hands on services for rehabioliation of historic structures. Community
	Development members supported organizations such as Mainstreet, Rural Development organizations, planning offices. All service
	members provided support for volunteer management activities for their sites and added greatly the volunteer capacity and output
	of their specific organizations.
	•••••••••••••••••••••••••••••••••••••••
4b	(Code. ) (Expenses \$ 165,451 including grants of \$ 125,277 ) (Revenue \$ 163,975 )
7.0	AFHA AmeriCorps program "Growing Communities through Heritage Development" program deployed 12 AmeriCorps service
	members to sites throughout WV providing over 15,000 service hours. Members projects included support of organizational archives,
	education, interpretation, and outreach to the public, volunteer management, and social media development/management.
4c	(Code: ) (Expenses \$ 5,599 including grants of \$ 1,195 ) (Revenue \$ 1,860 )
	AFHA Discovery Visitor Center hosted interpretive displays showcasing the Appalachian Fotrest Heritage Area's diverse natural and cultural assets. Visitors are able to take a tour of what the area has to offer within the Discovering AFHA display area, and learn about
	local arts and crafts in the Homespun and Handmade display area. The Discovery Center hosted a series of local musical events and
	open house events, and was open generally to the puble 4 days a week through the Spring, Summer and Fall in the heart of historic
	downtown Elkins at the Elkins Railyard.
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 10,757 including grants of \$ 10,325 ) (Revenue \$ 10,456 )
4e	Total program service expenses ► 593,791

Part I	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>V</b> ✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	•	<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		,	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		<b>√</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		<b>▼</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b>√</b>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		· ·
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>

Form 99	Q (2015)		ı	Page 4
Part	V Checklist of Required Schedules (continued)			
`			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>V</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>/</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<i>\</i>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	

art	<b>3</b>			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
10	Fatantha number annotation Basil of Famous 1990 F. L. O. C. L.		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	ļJ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16	<b>V</b>	<del>                                     </del>
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		•	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		· •
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			!
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			L
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<u> </u>
•	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	•		/
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>—</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			}
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		·	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<del>                                     </del>
		İ		
ا3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which	Ì		
~	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>-</b>
	If "Ves " has it filed a Form 720 to report these payments? If "No." provide an evaluation in Schodulo O	146		<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
04	Check if Schedule O contains a response or note to any line in this Part VI	• •		<b>✓</b>
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent .    1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<del>-</del>
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u></u>
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
0 - 4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	000	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		1
iua b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	102		_
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>\</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	ļ <u></u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			]
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a	1	<b>/</b>
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u>-</u> -
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website  Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	cordo		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corus	. –	
	Phyllis Baxter, 401 Davis Ave, Suite 312, Elkins, WV 26241	Forr	n <b>990</b>	(2015)
				, /

Part VII	Compensation of Officers, Directors, Truste	es, Key Employees	, Highest Compensated	Employees, and
•	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization n	or any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson Irect	e than c is both or/trust	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joseph Sabatıno - President	.5	1		<b>√</b>				0	0	o
(2) David McGill - Vice President	.25	1		<b>✓</b>				0	0	0
(3) Bob Johnson - Treasurer	.25	1		1				0	0	0
(4) Julie Dzaack	.25	1			-			0	0	0
(5) Mark Beals - Secretary	.25	1		<b>✓</b>				0	0	0
(6) Barbara Breshock	.25	1						0	0	0
(7) Susan Williams	.25	1						0	0	0
(8) Diedra Richie	.25	1						0	0	0
(9) Frank Stewart	.25	1			-			0	0	0
(10) Phyllis Baxter - Executive Director	20							4,224	0	0
(11)								,,221		
(12)										
(13)										
(14)	-									

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd t	lighe	st C	ompensated E	mployees (con	inued)		
•						C)							
	(A)	(B)	(do n	ot ch		more	e than o	nne	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable	1	stimated	
		hours per week (list any	<del></del>	er and	_	lirect	or/trust	·	compensation	compensation from related	n ar	nount of other	i
		hours for	유료	Inst	Officer	E S	활돌	Former	the	organizations		pensati	on
		related organizations	l meg ka	Ē	ଜୁ	em	log	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	om the	
		below dotted	학	onal		Key employee	မြိမ္မေ		(00-27 1099-10113C)			d relate	
		line)	Individual trustee or director	nstitutional trustee		ee e	jag				org	anızatıoı	ns
			l iğ	itee			Highest compensated employee						
	<del>_</del>			_	-	<u> </u>	<u> </u>	<u> </u>	<del> </del>		<del> </del>		
(15)													
(4.6)		<del></del>							<u> </u>		<del> </del>		
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(24)		-	-				<u> </u>	-		-			
(25)				-			ļ		<del> </del>		+		
(23)													
1b	Sub-total	]		L	L	I	<u> </u>		4,224		0		
c	Total from continuation sheets to Part	VII. Section	n A	•	•		•	•	4,224		<u> </u>		
d				•				•	4,224		D		0
2	Total number of individuals (including but							-) w		<del></del>			
	reportable compensation from the organi						45011	٠, ٠٠		οι ο τιταιι <b>φ</b> 100,			
												Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compensa	ted		
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındı	ıvıdı	ıal				. 3		1
4	For any individual listed on line 1a, is the												
	organization and related organizations	-							•	edule J for su	ıch		اـــا
	individual										4	-	<b>/</b>
5	Did any person listed on line 1a receive of										<b>├</b>		<u>ا</u> ـــا
0	for services rendered to the organization	en res, c	отрі	ete	SCI	ieat	ile J i	Or S	such person	· · · · ·	. 5		<u> </u>
	on B. Independent Contractors		ad	4				+		ad mana Aban (t	100,000		
1	Complete this table for your five highest compensation from the organization. Rep												av
	year.	or compe	iisanc	<i>)</i>	JI (1	10 0	aiciiu	ai y	Car criding wit	ii or within the	organiza	.1011 3 1	·un
	(A)	-						<u> </u>	(B)		(C	٠	
	Name and business add	lress							Description of s	ervices	Compe		
None								ļ					
	· · · · · · · · · · · · · · · · · · ·												
										-			
									-				
2	Total number of independent contractor							th	ose listed abo	ove) who		-	
	received more than \$100,000 of compens	ation from t	he or	gan	ızat	ion l	<u> </u>		0				l
											Fo	rm <b>99</b> 0	(2015)

Part	VIII	Statement of Reve							_
<u> </u>		Check if Schedule C	contains	a res	ponse or note to				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	s .	1a	0				
ira	ь	Membership dues .		1b	2300.00				
S, G	С	Fundraising events .		1c	0				
i ii	d	Related organizations		1d	0				
S, E	е	Government grants (cor	ntributions)	1e	456,976		ŀ		
io S	f	All other contributions, g	ıfts, grants,						
₹ Ĕ		and similar amounts not inc	cluded above	1f	7,943	1			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu	ded in lines 1a	-1f. \$	0				
ခဲ့ လ	h	Total. Add lines 1a-1	f		•	467,219			
<u>_</u>					Business Code				
Č	2a	The Nature Conservan	су		110000	42,150	42,150		
æ	b	US Forest Service Mor	1		110000	31,798	31,798		
<u> </u>	С	Beverly Heritage Cente	er		519100	9,269	9,269		
Še	d	Friends of 500			110000	8,650	8,650		
Ē	е	Alpine Heritage Preser	vation		519100	6,700	6,700		
Program Service Revenue	f	All other program ser	vice revent	ie		63,417	63,417		
<u> </u>	g	Total. Add lines 2a-2	!f		▶	161,984			
	3	Investment income	(including	divid	ends, interest,				
		and other similar amo	ounts) .		▶	0			
	4	Income from investmen	t of tax-exe	npt bo	ond proceeds ►	0			
	5	Royalties				0			
			(ı) Real		(II) Personal				
	6a	Gross rents				1			
	b	Less: rental expenses				1			
	С	Rental income or (loss)							
	d	Net rental income or	<u> </u>		▶	0			
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss) .			•	0		<del> </del>	
enne	8a	Gross income from fu	ındraısıng						
Other Reve		of contributions report	ed on line 1	c) a		į			
Ě	ь	Less. direct expenses	5	. b		1			
O	С	Net income or (loss) f		isina	events . >	0	Ī		1
		Gross income from ga					<del>-</del>		
		See Part IV, line 19 .		. а					
	ь	Less: direct expenses	s	. b			j		
	c	Net income or (loss) f			vities ►	0			•
	10a	Gross sales of in			-			<del></del>	
		returns and allowance			117	į			
	b	Less: cost of goods s	old	. b	5				
		Net income or (loss) f		of inve		112	112		
		Miscellaneous F			Business Code	<del></del>		<del></del>	
	11a	Reimbursements				1,276	1,276		
	b	A 4 * - F			561000	2,123	2,123		
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-	11d	'		3,399			
	12	Total rayanua Saau	actructions						

# Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	498,815	494,675	4,140.00	0
9 10	Other employee benefits	26,408 42,933	26,388 38,290	20 4,643	0
11 a b	Fees for services (non-employees)  Management	0			
c d	Accounting	0			
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0 0	1.040	000	
12 13	Advertising and promotion	1,903 60 4,264	1,640 30 3,194	263 30 1,070	0
14 15 16	Information technology	0 0 5,810	4,664	1,146	O
17 18	Travel	8,279	6,950	1,329	0
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	1,175 0 0	1,007	168	0
22 23	Depreciation, depletion, and amortization	0 4,940	0	4,940	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Staff Development/Training	4,687	4,687	0	0
b	Project supplies & materials	9,763	8,839	924	0
C	Criminal background checks	1,791	1,791	0	0
d	Memberships & Fees	648	0	648	0
e 25	All other expenses Misc  Total functional expenses. Add lines 1 through 24e	224	0	1,071	0
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	612,547	592,155	20,392	0

26

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28

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31

32

34

Fund Balances

Assets or 30

Set 33 Total liabilities. Add lines 17 through 25

Temporarily restricted net assets.

Unrestricted net assets .

complete lines 30 through 34.

complete lines 27 through 29, and lines 33 and 34.

Permanently restricted net assets . . . . . .

Total liabilities and net assets/fund balances .

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Capital stock or trust principal, or current funds . . . . .

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing . . . . 1 21,617 45,720 2 Savings and temporary cash investments . 2 Pledges and grants receivable, net . . . . 3 3 49,893 40,946 4 4 Accounts receivable, net . . . . . 15,065 10,432 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . . . . . . 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . 6 0 0 7 7 0 0 Inventories for sale or use . . . 8 0 0 9 Prepaid expenses and deferred charges . 9 0 450 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less accumulated depreciation . 10b 10c h 0 Investments—publicly traded securities . . . . . . . . . . . . . . . 11 0 11 0 12 Investments—other securities. See Part IV. line 11. 0 12 0 13 Investments—program-related. See Part IV, line 11. 13 0 0 14 Intangible assets 0 14 0 15 438 15 508 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 87,013 98,056 17 Accounts payable and accrued expenses . . . . . 8,436 17 108 18 18 0 0 Deferred revenue . . . 19 19 0 0 Tax-exempt bond liabilities . . . . . 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 1,627 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 3,271 0

> 30 96,321 31 0 32 0 33 96,321 34 98,056

> > Form **990** (2015)

1,735

11,707

75,306

75,306

87,013

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0

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Page	1	4

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7   Investment expenses	orm 9	Q (2015)			Pa	ige 12	
Total revenue (must equal Part VIII, column (A), line 12). 1 632,714  Total expenses (must equal Part IX, column (A), line 25). 2 612,543  Revenue less expenses. Subtract line 2 from line 1 3 20,167  Revenue less expenses. Subtract line 2 from line 1 3 20,167  Revenue less expenses. Subtract line 2 from line 1 3 20,167  Revenue less expenses. Subtract line 2 from line 1 4 75,300  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 75,300  Net unrealized gains (losses) on investments 5 5 5 5 6  Donated services and use of facilities 6 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Part	XI Reconciliation of Net Assets					
Total revenue (must equal Part VIII, column (A), line 12). 1 632,714  Total expenses (must equal Part IX, column (A), line 25). 2 612,543  Revenue less expenses. Subtract line 2 from line 1 3 20,167  Revenue less expenses. Subtract line 2 from line 1 3 20,167  Revenue less expenses. Subtract line 2 from line 1 3 20,167  Revenue less expenses. Subtract line 2 from line 1 4 75,300  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 75,300  Net unrealized gains (losses) on investments 5 5 5 5 6  Donated services and use of facilities 6 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	Check if Schedule O contains a response or note to any line in this Part XI					
A Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Prior period adjustments  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Prior period adjustments  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses in prior lines 3 from line 33, column (A))  Revenue less expenses in prior in the sample in the sample in prior perior line at the sample in the sample in prior perior line at	1					32,714	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2	612,		2,547	
Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Prior period adjustments  Net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  The check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis  Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	3	Revenue less expenses. Subtract line 2 from line 1	3		2	20,167	
6 Donated services and use of facilities 6 C Investment expenses 7 Investment expenses 7 C Investment expenses 7 C Investment expenses 7 C Investment expenses 8 C Prior period adjustments 8 C Reprior period adjustments 8 C Reprior period adjustments 8 C Reprior period adjustments 9 C Reprior period adjustments 9 C Reprior Prior Period Adjustments 9 C Reprior Prior	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	5,306	
7   Investment expenses	5	Net unrealized gains (losses) on investments	5				
8 Prior period adjustments	6	Donated services and use of facilities	6			o	
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			0	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
Check if Schedule O contains a response or note to any line in this Part XII	10	•					
Check if Schedule O contains a response or note to any line in this Part XII			10		9	6,321	
Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	·					
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No	
Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1				'		
Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			aın ın				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2a			2a		<b>✓</b>	
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?		·	led or				
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					<u> </u>		
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	b			2b		. ✓	
Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			on a	-			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		·					
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						نــــا	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	С						
Schedule O.		·		20			
	-		iain in				
As a result of a fodoral award, was the organization required to undergo an audit or audits as set forth in	2-	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in		<b></b>		
the Single Audit Act and OMB Circular A-133?	Ja		ווו ווו וכו	25			
	<b>L</b>		o the	Ja		_	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	D			3h			
Form <b>990</b> (2015		Toquilos addito, oxpidin mily in conocale o and describe any steps taken to undergo such aut			. 000	(0045)	

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Appalachian Forest Heritage Area 20-0815517 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1,667,805 222,052 306,595 304,786 367,153 467,219 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 2,400 2,400 2,400 2,400 2,400 12,000 Total. Add lines 1 through 3. . . . 224,452 308,995 307,186 369,553 469,619 1,679,805 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

	Shown on line 11, column (i).	Ĺ				Í	i	0	
6	Public support. Subtract line 5 from line 4.							1,679,805	
ecti	on B. Total Support						•		
alen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e)	2015	(f) Total	
7	Amounts from line 4	224,452	308,995	307,186	369,553		469,619	1,679,805	
8	Gross income from interest, dividends,						1		
	payments received on securities loans,								
	rents, royalties and income from similar								
	sources	5	3	0	0		0	0	
9	Net income from unrelated business		-				i		
	activities, whether or not the business								
	is regularly carried on	О0	0	0	0		o	0	
0	Other income Do not include gain or								
	loss from the sale of capital assets						i		
	(Explain in Part VI)	0	0	o	0	l	0	0	
1	Total support. Add lines 7 through 10							1,679,805	
2	Gross receipts from related activities, etc	•	•			12		504,449	
3	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as	a section	n 501(c)(3)	
	organization, check this box and stop he							<u>.</u> . ▶ □	
ecti	on C. Computation of Public Support	rt Percentag	e						
4	Public support percentage for 2015 (line	6, column (f) dı	vided by line 1	1, column (f))		14		100 %	
5	Public support percentage from 2014 Sci					15		100 %	
6a	331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this								
	box and stop here. The organization qua			-				. 🕨 🗸	
b	331/3% support test-2014. If the organ					15 15	s 33½%	or more,	
	check this box and stop here. The organ	zation qualifies	s as a publicly	supported org	anızatıon .			▶ □	
7a	10%-facts-and-circumstances test -26	<b>015.</b> If the orga	inization did no	ot check a box	on line 13, 16	a, or	16b, and l	ine 14 is	
	10% or more, and if the organization me								
	Part VI how the organization meets the "f	acts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a p	oublicly su	pported	
	organization						•	. ▶ □	
b	10%-facts-and-circumstances test—26								
	15 is 10% or more, and if the organization								
	Explain in Part VI how the organization m	neets the "facts	s-and-circums	tances" test Ti	he organizatio	n qua	lifies as a	publicly	
	supported organization			•				. • 🗀	
8	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this	box and	see	
	instructions				· · · · ·			. 🕨 🗆	
					Sch	adula	A (Earm 99)	or 000-E7\ 2015	

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

Secti	on A. Public Support	under the te	isted ben	ow, picase et	ompiete i art	,	<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1-1-1-1-1	-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-,,	(=, =0	(=, ==	(-,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1				
С	Add lines 10a and 10b .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		, or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8	• •	-			15	<u>%</u>
16	Public support percentage from 2014 Sch			<del></del>		16	<u>%</u>
	on D. Computation of Investment In			140	(0)	14=1	
17 18	Investment income percentage for 2015 (					17	<u>%</u>
18 19a	Investment income percentage from 2014 331/3% support tests—2015. If the organ 17 is not more than 331/3%, check this box	zation did not	check the box	c on line 14, a		ore than 331/39	
b	331/3% support tests—2014. If the organiz line 18 is not more than 331/3%, check this l	ation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	_3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4b		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
	, , , , , , , , , , , , , , , , , , ,	ו ס	ı	l

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

7

8

9a

9b

10a

10b

Part	Supporting Organizations (continued)			ugc <b>o</b>
,	outpooling of games (commuted)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			Ì
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	ىـــــــ		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
0000	on b. All Type III dupporting diganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		لـ ـــــ ا
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			İ
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L]
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		<del></del>
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			LJ
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	ızatıons	
• 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	,	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<del></del>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y-ın	tegrated Type III supporting	g organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.	·	-	
9_	Distributable amount for 2015 from Section C, line 6			<del></del>
10	Line 8 amount divided by Line 9 amount	ı <del>" "</del> 1	4**	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			<del></del>
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u>b</u>				
	F 0010			<del></del>
d_	From 2013			· ····· · · · · · · · · · · · · · · ·
<u>е</u>	Total of lines 3a through e			
f_	Applied to underdistributions of prior years			
<u>g</u> h	Applied to 2015 distributable amount			
<del>- ;</del>	Carryover from 2010 not applied (see instructions)		<del>, , , , , , , , , , , , , , , , , , , </del>	
<del>- i</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
_ <del></del> _	Distributions for 2015 from Section		· · · · · · · · · · · · · · · · · · ·	
7	D, line 7:			
а	Applied to underdistributions of prior years			<del>,</del>
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			****
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part Vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
	·

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes." on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Part I-B Complete if the organization is exempt under section 501(c)(3).  Part I-B Complete if the organization is exempt under section 501(c)(3).  Pert the amount of any excise tax incurred by organization managers under section 4955 . ▶ \$  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	□ No
Appalachian Forest Heritage Area  Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures	==
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures	==
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization managers under section 4955	==
Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955 .    Enter the amount of any excise tax incurred by organization managers under section 4955 .    If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .    Was a correction made?	==
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	==
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	==
1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	==
1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	==
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	==
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	==
b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	□ No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	
Enter the amount directly expended by the filing organization for section 527 exempt function activities	
<ul> <li>activities</li></ul>	_
2 Enter the amount of the filing organization's funds contributed to other organizations for section	_
52/ Avamot function activities	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
line 17b	<del></del>
4 Did the filing organization file Form 1120-POL for this year?	∐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the agreement and appropriate formula All section 527 political organizations to which the agreement and formula and appropriate formula All section 527 political organizations to which the agreement and formula and appropriate formula All section 527 political organizations to which the agreement and appropriate formula and appropriate f	
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Al the amount of political contributions received that were promptly and directly delivered to a separate political organization.	
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in	
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of po	
funds if none, enter -0- promptly and dir	
delivered to a ser	
none, enter -0	
40	
(1)	
(2)	
(2)	
(2)	
151	
(3)	
(4)	
(4)	

Page	2

Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under				
A	Check ► ☐ If the filing organization belo name, address, ElN, expens					up member's				
В	Check ▶ ☐ If the filing organization check									
	Limits on Lobby			•	(a) Filing	(b) Affiliated				
	(The term "expenditures" mea			<u> </u>	organization's totals	group totals				
1	<ul> <li>Total lobbying expenditures to influence p</li> </ul>	-		Ψ,						
	<b>b</b> Total lobbying expenditures to influence a	-	• •	9)						
	c Total lobbying expenditures (add lines 1a	and 1b) .								
	d Other exempt purpose expenditures									
	e Total exempt purpose expenditures (add lines 1c and 1d)									
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.									
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:									
	Not over \$500,000	20% of the a	mount on line 1e							
	Over \$500,000 but not over \$1,000,000									
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000									
	Over \$1,500,000 but not over \$17,000,000	•	is 5% of the excess or	ver \$1,500,000						
	Over \$17,000,000 \$1,000,000									
	g Grassroots nontaxable amount (enter 25% of line 1f)									
	<del>-</del>	-								
	i Subtract line 1f from line 1c. If zero or less	•	 . 1 h or line 1 i did		file Form 4720					
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?									
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)									
	Lobbying E	xpenditure	s During 4-Year Av	eraging Period	- -					
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e) Total				
2	a Lobbying nontaxable amount									
	b Lobbying ceiling amount (150% of line 2a, column (e))									
	c Total lobbying expenditures									
	d Grassroots nontaxable amount									
	e Grassroots ceiling amount (150% of line 2d, column (e))									
	f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2015

<u>-</u>	(election under section 501(h)).	(a	a)		(b)	<del></del>
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed uption of the lobbying activity.	Yes		A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	1				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1			
С	Media advertisements?		✓			
d	Mailings to members, legislators, or the public?	✓				200
е	Publications, or published or broadcast statements?		✓			
f	Grants to other organizations for lobbying purposes?		✓	<u> </u>		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<b>✓</b>				0
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b>✓</b>	1			0
ı j	Other activities?		<b>V</b>			200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	·	1	,		200
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), c	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	<u> </u>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	ļ
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				line	3, is
	answered "Yes."	• •		·		•
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
5	and political expenditure next year?		4			
Par		•	5			
	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un liei	t\∙ Par	+ II_Δ	lines '	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information	up iis	ι,, ι αι	t II 77, I	11103	i and
•	A - Volunteer board members and stakeholders wrote letters of support and contacted legislators and the	ır etaf	f in cı	innort (	of our	
Lille I	4 - Volumeer board members and stakeholders wrote retters of support and contacted registators and the	11 3141	1 111 30	pport	<u> </u>	
pendi	ng National Haritage Area legislation in Congress.			<b></b>		
Line 1	d - Traditional mailed newsletter and digital communications convey updates to stakeholders on National	Herita	ige Ar	ea Leg	islatio	n and
encou	rage support.	<b>-</b>				<b>-</b> -
Line 1	g - Executive Director travelled to Washington DC twice during year to communicate with legislators and	staff a	bout I	VHA leç	ııslati	on in
gener	al and AFHA legislation in particular. Neither her time, nor her travel were paid for by AFHA. Direct commu	ınicatı	on wi	th same	e by p	hone,
e-mail	and traditional mail was also had.					

Pag	e 4
Pad	е.

Supplemental information (continued)
Line 1h - At AFHA annual meeting updates were given on NHA legislation and progress toward introduction and passage of same. Those
attending were asked for their support. Legislation topic was not a focus of the meeting.
<del></del>

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

2015
Open to Public

Name of the organization Employer identification number Appalachian Forest Heritage Area Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . Assets included in Form 990, Part X .

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3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a	Part	III Organizations Maintaining	Collections of	Art, His	orical 1	reasures,	or Ot	her Similar A	ssets (continued	ī)
b Scholarly research   e	. 3		accession, and oth	ner recor	ds, chec	k any of th	e follow	ring that are a	significant use of	ıts
b Scholarly research e	а	☐ Public exhibition		ď	Loan	or exchang	e progr	ams		
c   Preservation for future generations   4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	b	☐ Scholarly research								
SIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  □ Yes □ No Part IV   □ Six   □ Si	С	=	5							
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		tion's collections a	nd expla	in how t	hey further	the org	anızatıon's exe	mpt purpose in Pa	art
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No	5									la
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:    C	Part					o organizati			res n	<u></u>
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No	ı art		•	on For	ກ່ວວດໍ່ເ	Part IV line	9 or	reported an a	mount on Form	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance .			answered res	0111 011	11 550, 1	artiv, mic	J J, OI	reported arrai	mount on rom	
included on Form 990, Part X?    Yes   No   No   No   No   No   No   No   N	1a		custodian or oth	er interm	ediary fo	or contribut	ions or	other assets r	not	—
b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  Additions during the year  Distributions during the expension of property  Distributions durin	14									10
c Beginning balance . 1 d Additions during the year . 1d . 1d	h								1es <u>₪</u> 10	10
c Beginning balance . 1d d Additions during the year . 1e . 1d d . 1d . 1d d . 1d d . 1d d . 1d d . 1d d . 1d d . 1d d . 1d d . 1d d .	J	ii res, explain the arrangement in r	art Am and comple	ite the lo	ilowing to	aDIC.		T	Amount	
d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	Reginning balance					10	+		—
Embritoptions during the year   Felding balance   11   1   1   1   1   1   1   1   1	_			• •	•			+		_
### Ending balance   19th the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No b   f*Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII								+		—
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?				• •			<u> </u>			—
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		•		 ert X line	 21 for e	 Secrow or ci			v2 T Yes T N	<u></u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions		<del>-</del>							·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Administrative expenses   Servation of the current year end balance (line 1g, column (a)) held as.			art Am. Oncok here	) II (IIO C)	pianatio	ii iias been	provide	d on r dit Air.	· · · · ·	—
(a) Current year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back			answered "Yes"	on For	n 990. I	Part IV. line	<del>.</del> 10.			
Beginning of year balance								(d) Three years bad	ck (e) Four years bac	k
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation f Equipment c Leasehold improvements d Equipment Other	1a	Beginning of year balance	, ,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	
c Net investment earnings, gains, and losses	_									
d Grants or scholarships e Other expenditures for facilities and programs	. C	Net investment earnings, gains, and		-						_
e Other expenditures for facilities and programs	А									—
f Administrative expenses										
f Administrative expenses	Ū									
g End of year balance		-								—
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  Board designated or quasi-endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations										—
a Board designated or quasi-endowment		•	he current vear en	d balanc	e (line 1c	r column (a	)) held a			_
b Permanent endowment					e (iii) e	,, coluitiit (a	,, noid t			
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	_	Permanent endowment	%	/0						
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations		Temporarily restricted endowment	·′°							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	·		****	00%						
organization by:  (i) unrelated organizations	За				ation the	at are held	and adi	ministered for t	he	
(i) unrelated organizations			-	· <b>J</b> - · ·						_
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other		=								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Equipment  (e) Cost or other basis (other)		• •							<del></del>	_
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (other) (d) Book value depreciation (d) Book value depreciation (other)	b		rganizations listed						<del></del>	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (other) (d) Book value (d) Book value (other) (ot										_
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (inv	Part									—
Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Equipment  (other)  (other)  (b) Cost or other basis (other)  (other)  (other)  (c) Accumulated depreciation  (d) Book value				on For	n 990. I	Part IV. line	e 11a. S	See Form 990	. Part X. line 10.	
b         Buildings			(a) Cost or oth	ner basis	(b) Cost of	or other basis	(c) A	Accumulated		
b         Buildings		Land			•	1				
c         Leasehold improvements            d         Equipment            e         Other	_					i i				—
d         Equipment            e         Other		•	·					<del></del>		_
e Other	_	·	•							
		_ 1 1								—
			nust equal Form 00	O Part	Column	(R) line 10	)c )		<del></del>	—

Part VII	Investments – Other Securities.			
<u>·</u>	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)			<del></del> -	
(C)				
(D)				
(E) (F)		-		
(G)		-		
(H)				
	b) must equal Form 990, Part X, col (B) line 12 ) ▶	-		
Part VIII	Investments—Program Related.			
- art viii	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. line	e 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Metho	od of valuation f-year market value
(1)		<del>                                     </del>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		_		
	b) must equal Form 990, Part X, col. (B) line 13.)			-
Part IX	Other Assets.	um 000 Dort IV lin	a 11d Can Farm (	200 Dort V line 15
	Complete if the organization answered "Yes" on Fo	onn 990, Part IV, iin	e 11a. See Follits	(b) Book value
(4)	(a) occorpion			(2) 20011 14:40
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · ·		
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability (b) Book value			
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col (B) line 25.) ▶			
	r uncertain tax positions. In Part XIII, provide the text of the foot			
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Ch	eck nere if the text of the	ne rootnoté has been	provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII )	4b	
		•	T 4
c			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	- 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
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5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
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5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	p; Part V, line 4; Part X, line
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Schedulę D (For		age 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 20**15** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Appalachian Forest Heritage Area 20-0815517 990 Pt 3 4D - Other program service includes acting as fiscal sponsor/partner for various projects such as Pest management efforts and watershed education for children. 990 Pt 6C line 19 - Organizational policies are available to the public at the organization's office in Elkins, WV 990 Pt 6C line 11b - Board members were provided copies of draft 990 and associated schedules. They were given 10 days to review and comment.